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|--|-----------------|---------------|-----------|---------------------------------|----------|----------------------------|----|
| Form PTO-1449 U.S. Department of Commerce<br>(Rev. 8-88) Patent and Trademark Office   |                 |               |           | Attorney Docket No.: 4319.70023 |          | Serial No.: 10/796,344     |    |
| INFORMATION DISCLOSURE CITATION<br>(Use several sheets if necessary)   |                 |               |           | Applicant: Yuichiro Ohta        |          |                            |    |
|  |                 |               |           | Filing Date: 03/09/2004         |          | Group: 1792                |    |
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| Examiner Initial*  | Document Number | Date          | Name      | Class                           | Subclass | Filing Date If Appropriate |    |
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|  |                 |               |           |                                 |          | Yes                        | No |
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